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Bib Data Sheet

CONFIRMATION NO. 6468

| SERIAL NUMBER | FILING OR 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY<br>DOCKET NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/731,942    | 12/10/2003               | 623   | 3733           | AXM-6666               |
| RULE          |                          |       |                |                        |

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/21/2004

|  |                           |                         |                       |                            |
|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>10 | TOTAL<br>CLAIMS<br>33 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                         |                       |                            |
| Verified and Acknowledged  | Examiner's Signature      | Initials                |                       |                            |

## ADDRESS

26294

## TITLE

METHOD FOR REPLACING A DAMAGED SPINAL DISC

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>1022 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
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